

**Year 2**  
**Direct Support Professional Training**

# **Resource Guide**



**Session #11**  
**Wellness:**  
**Promoting Good Health**

**Department of Education  
and the  
Regional Occupational Centers and Programs  
in partnership with the  
Department of Developmental Services**

**2000**

## List of Class Sessions

| Session                     | Topic  | Time            |
|-----------------------------|--|-----------------|
| 1                           | Introduction and Supporting Choice: Identifying Preferences              | 3 hours         |
| 2                           | Person-Centered Planning and Services                                    | 3 hours         |
| 3                           | Person-Centered Planning and Services                                    | 3 hours         |
| 4                           | Communication, Problem-Solving and Conflict Resolution                   | 3 hours         |
| 5                           | Positive Behavior Support: Understanding Behavior as Communication       | 3 hours         |
| 6                           | Positive Behavior Support: Adapting Support Strategies to Ensure Success | 3 hours         |
| 7                           | Teaching Strategies: Personalizing Skill Development                     | 3 hours         |
| 8                           | Teaching Strategies: Ensuring Meaningful Life Skills                     | 3 hours         |
| 9                           | Supporting Quality Life Transitions                                      | 3 hours         |
| 10                          | Wellness: Medication   | 3 hours         |
| 11                          | <b>Wellness: Promoting Good Health</b>                                   | <b>3 hours</b>  |
| 12                          | Assessment   | 2 hours         |
| <b>Total Class Sessions</b> |  | <b>12</b>       |
| <b>Total Class Time</b>     |  | <b>35 hours</b> |

## Key Words

In this session, the key words are:

- Assess
- Health History
- Documenting
- Standard (Universal) Precautions
- Germs
- Infection
- Disinfect
- Signs and Symptoms
- Principles of Care
- Personal Care
- Dignity
- Privacy
- Mouth Care
- Plaque

### Cautionary Statement

The material in this session is **not intended to be medical advice** on personal health matters. Medical advice should be obtained from a licensed physician. This session highlights several prevention and safety measures, recognizing signs and symptoms of illness, the importance of ongoing documentation and supporting individuals with personal hygiene. We urge you to talk with nurses, dietitians and other safety and health care professionals to increase your understanding of the fundamentals covered in this session. Each of the individuals you work with will have a variety of different support needs and you will want to be familiar with each of them.

## Information Brief

# What is a Health History and Why is It Important?

## Your Notes

**Each individual living in the home where you work should have a written Health History.** It is especially important to have this written information when an individual first moves into your home. Just as necessary to having the history in the beginning, is the importance of keeping the information up-to-date or current during the time the individual lives in the home.

**As a DSP you need to know the health history of every person with whom you work.** You need to know what their health care needs or concerns are and if there are any special needs or concerns specific to an individual. It is important to know both past and present needs and concerns. You will always want to know where this information is physically kept in the home where you work.

**A Health History should include** at least the following pieces of information about the individual:

1. Information about past and present illness(s)
2. Family history of health care needs and illness(s)
3. History of medication(s)
4. The name, address and telephone number of the current physician(s) and dentist
5. List of known allergies

6. Copies of medical and dental reports
7. Family information (parents, siblings, where they live and who is the emergency contact)
8. The name, address and telephone number of the conservator or guardian (if appropriate)
9. A copy of conservator or guardianship papers (if appropriate)
10. The name, address and telephone number of the regional center service coordinator

**The individual and their support team should develop the Health History.** The best support team would be made up of people who know the individual well. Some of the people on a support team in addition to the individual might include; family members, health care providers such as the physician, dentist, nurse, physical therapist, psychiatrist, people who have provided care in the past, teachers, day care staff, job coaches, the regional center service coordinator and maybe a close friend. There might also be other people that have important information that could be included and that the individual wants to have as part of their support team.

**The Health History is most often found in the individual's record. This record must be kept in the home where the individual lives.** It is important that you know where this information is kept in the home where you work. There will be routine times when you will need to refer to this health history. For example, these routine times might be when preparing to take an individual to a medical or dental appointment, when providing assistance with medication, while checking for previous information about allergies when an individual has a new sign or symptom

## Your Notes

you have observed or any other routine activities related to good health care.

**Knowing where the individual health history is located will also be important when an emergency occurs.** Often the medical person responding to the emergency will have questions related to the individual's past and present health care needs and concerns. You will want to have all of the information available.

**The information in a health history is also important when planning to meet present and future health care needs with the individual.** A health history is sometimes called a living document. It is both a record of old information and a record of changing information. As the health care needs of the individual change, the information in the health care record must reflect these changes and be updated to reflect current needs. This changing record, is a guide for the support team in assisting the individual to look at current and future health care needs.

## Your Notes

**Information Brief****Assessing Ongoing Health Care Needs**

As a DSP, you have many opportunities throughout the day to assess an individual's health care needs. The word assess means to recognize changes in an individual. Changes can be anything that is different about the individual. As a DSP who knows the health history and daily routines of an individual, you also are the one most likely to recognize when there are changes. Often time's changes in an individual's daily routine may be a sign or symptom of an illness or injury. Keeping the individual's Health History up-to-date with these changes is important. Documenting changes can often identify a need as a new health care concern for the individual. As a DSP familiar with the individual's health history, you might also recognize a change as a health care concern that has happened in the past and needs special attention from a medical professional again.

There are four skills that a DSP can use to assess an individual for health care needs, or signs and symptoms of illness or injury. **The four skills used to assess an individual are listening, questioning, observing and documenting.**

**LISTENING:** The job of the DSP is to listen to the individual and make every effort to understand what the words or behaviors are communicating (telling). People communicate in many ways, both verbally (spoken) and non-verbally (behavior), or both. Some individuals can

**Your Notes**

verbally tell you how they are feeling. An individual might say, “I feel sick, my stomach hurts.” Another individual who does not have words to tell you how they feel might use behavior as a way to let you know. Some ways this individual might communicate how they feel might include yelling, crying, screaming or acting differently. **If the individual cannot tell you when something has changed, the key is to look for changes in the ways a person is communicating. The change may mean that the person is ill or injured.**

**QUESTIONING:** The DSP may also need to ask the individual questions about their complaints, symptoms or behavior to get a better understanding of what the individual is trying to communicate. Knowing information about the individual from their health history will help you in asking questions. You may want to ask about any changes you have seen or suspect. Whether the individual has told you verbally that their stomach hurts, or is behaving in a manner that appears as though their stomach hurts (holding their stomach, poking at their stomach, grimacing, crying), asking questions is one way of getting more information. The DSP might ask the individual who can say their stomach hurts, questions such as: “How long has your stomach hurt or where does it hurt?” The DSP may be working with an individual whose behavior appears to communicate there is a change in how they feel and they cannot answer questions as to how they feel. Knowing where the health history is located and the information in the individual’s health history may give you information that this individual behaves in a similar way when they have indigestion, or are constipated. The key is to recognize

## Your Notes



the change and to get the necessary care the individual needs, including contacting the physician, your supervisor or in some cases, emergency assistance.

**OBSERVING: The assessment skill of observation is very important.**

**Observing the individual may include using the eyes, nose or hands to recognize changes.** While the DSP is listening and asking questions because he or she has noticed a change in an individual's routine or health, they might also be observing the individual. The DSP may see redness of the skin, a tear-streaked face, swelling, limping or unusual drainage. The DSP may become aware of unusual or unpleasant odors coming from the individual's mouth, body or body fluids. The DSP might also be aware of the individual's skin as being warm or moist to the touch. These changes, or signs and symptoms may indicate illness, allergy or infection and medical attention may be needed. These changes, or signs and symptoms, may also be an indication of physical abuse. The DSP will need to get needed assistance for the individual, and follow reporting requirements.

## Your Notes

**SIGNS AND SYMPTOMS:** There are many signs and symptoms that may indicate illness or injury. DSP need to pay close attention to any changes in both routine activities and the health of the individuals with whom they work. The DSP also needs to report these changes to the physician/dentist and supervisor and be sure that the individual receives early treatment.

Here are sets of signs and symptoms that may indicate illness or injury.

|               |   |
|---------------|---|
| <i>WOUND</i>  | Pain, swelling, redness, tenderness, pus and/or red streaks from the wound.   |
| <i>EYES</i>   | Redness, swelling of the eyelid, eyes burning or painful, discharge. Could be allergy if discharge is clear; infection likely if yellowish or greenish. |
| <i>EARS</i>   | Pain, pulling at ear, redness, fever, diminished hearing, drainage possible.  |
| <i>THROAT</i> | Pain with swallowing, refusal to eat, redness, possible whitish patches at back of throat, hoarse voice, possibly fever or skin rash.                   |
| <i>TEETH</i>  | Pain, refusal to eat, facial or gum swelling, gum bleeding, fever.  |

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**RESPIRATORY  
SYSTEM**

Cough, phlegm (mucous), shortness of breath or wheezing, fever. A fever or chills that develop near the end of a cold may indicate pneumonia. Fever with rash, stiff neck, headache, irritability or confusion may indicate meningitis. Nasal congestion with severe headache and pain in the nose, cheeks, or upper teeth may indicate sinus infection.

**DIGESTIVE  
SYSTEM**

Abdominal pain that keeps getting worse and is accompanied by vomiting loose stools, constipation and/or fever.

**URINARY  
TRACT**

Difficult urination, pain or burning, changes in urine color (clear to cloudy; light to dark yellow), fever. May also be vomiting and/or loose stools. Complaints of pain on one or both sides of the mid-back, fever, chills, nausea, and vomiting may indicate kidney infection.

**TOXIC SHOCK  
SYNDROME**

Women who develop fever, vomiting, diarrhea, rash, especially during menstruation.

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### *VAGINAL INFECTION*

Vaginal discharge,  
itching, unusual odor,  
burning)

**Remember: The job of the DSP is to recognize change and report the information to the appropriate professionals for diagnosis or determining the cause and necessary treatment.**

**DOCUMENTING: Documenting is the process of recording the changes in an individual's daily routine or health care needs that have been noted through the assessment skills of listening, questioning and observing.**

Documenting changes in the health history of the individuals with whom the DSP works is one of the best ways to keep a health history current. When documenting changes it is important that the DSP record accurate and clear information.

When recording what has been heard (Listening), be sure to write down only what the individual said. Bill said, "My stomach hurts." This is not the place for the DSP to document a personal opinion of where the individual hurts. If the DSP is recording a behavior they heard, be specific. "I heard Jane screaming. She was sitting on the couch and the screaming lasted for about two minutes."

If the DSP is recording answers to what they asked (Questioning) the individual, be as accurate as possible in noting the answers. Upon hearing from Bill that his stomach hurt the DSP asked several questions of Bill. The answers might be recorded like this: "Bill said his stomach had been hurting since breakfast and it really hurts bad." In the case where an

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individual does not verbally respond to questions, the DSP might record that after they heard Jane screaming and asked her about the screaming, “she put her hands on her head and rocked.”

Signs and symptoms that are assessed through the senses of sight, smell and touch (Observation) also need to be recorded with the facts only. When Bill told the DSP his stomach hurt, the DSP would also have recorded that he “Saw Bill pressing his hands and pushing on his stomach”. The DSP working with the individual who was screaming might record that when he or she heard Jane screaming, “She was rocking back and forth on the couch and her forehead felt hot to the touch. She had a 99.9 degree F. temperature.”

**The DSP can assist the individual in obtaining the best in necessary medical and dental services by keeping accurate information about signs and symptoms current in each individual’s health history. The DSP is key to ensuring each individual receives medical and dental services to meet their individual health care needs.**

**All of the information about an individual’s health care needs which are gathered by LISTENING, QUESTIONING and OBSERVING should be DOCUMENTED clearly with the facts.**

## Your Notes

## Information Brief

# Reporting Signs and Symptoms

How does the DSP know when and what to report to the individual's physician, dentist, supervisor or other professionals?

**When deciding what to report, the DSP should focus on the word CHANGE. The DSP should report any changes that he or she sees, hears, smells, or knows by touch, in the individual's mental, physical, emotional health or changes that appear in the individual's usual routine.**

**Always, when in doubt, report.**

These are some guidelines for information that the DSP should report when he or she notices changes in an individual. In some situations the DSP will report to both the physician and/or dentist and to the DSP's supervisor. **Reporting changes is similar to recording changes. It is important that the facts are reported clearly in order to ensure the individual gets both the right health care and the care and assistance needed is provided in a timely manner.** Remember signs and symptoms (changes) are often the indication of an illness or injury.

- State what the individual claims is wrong
- Describe how the individual appears physically
- State when the symptoms first began or were noticed

## Your Notes

- Describe any changes in the individual's eating habits
- Describe any changes in the individual's behavior
- Describe any vomiting, diarrhea or urinary problems
- Report any recent history of similar symptoms
- Provide list of current medications
- Provide list of known allergies
- Describe how injury happened
- Describe any visible bleeding or swelling, how much and how fast
- Describe any lack of movement or inability to move body parts
- Describe size of wound or injury
- Report pulse, temperature and blood pressure (if obtainable)
- State the facts

## Your Notes

**REMEMBER: If the *Reporting Guidelines* lead you to know or reasonably suspect the possibility of abuse or neglect of an individual, you must follow the reporting guidelines mandated by law. Refer to the *Worksheet and Activities* section of this *Resource Guide* for specific instructions.**

## Information Brief

# How Germs Are Spread

There are millions of germs (microorganisms) that everyone is in contact with each day. Many of the germs are harmless and are needed for people's bodies to function in a healthy way. For example, certain kinds of germs or bacteria are needed for the digestion of food and for the elimination of waste products (feces and urine) from one's body. Other germs can cause illness or infection. It is important to remember that germs need warmth, moisture, darkness, oxygen and food to live and grow. When germs have caused illness or infection, it is known as contamination.

Knowing how germs are spread is very important. **When DSP know how germs are spread they can learn ways to help prevent the spread of germs that cause illness and infection.** The DSP can protect both themselves and the individuals with whom they work from germs or contamination.

The three most common ways that germs are spread in the environment are through:

1. Direct contact;
2. Indirect contact; and
3. Droplet spread.

**The spread of germs through DIRECT CONTACT means that germs are spread from one person to another person.** This happens when people touch one another and one of the persons has an infection such as a contagious rash, an open and infected sore or wound, body fluids that are full of germs (feces, urine)

## Your Notes



and blood (HIV, Hepatitis B) or saliva that is contaminated. Germs spread through the bite of an insect can also cause illness and injury (Mosquitoes and malaria, ticks and Lyme Disease).

**The spread of germs through INDIRECT CONTACT means that germs are spread from one person to an object to another person.** Indirect contact is a common way for germs to spread between people who live, work and play together. The spread of germs through indirect contact can happen when eating contaminated food (E. coli, Salmonella), handling soiled linens and soiled equipment, using soiled utensils and cups and drinking or using contaminated water (Dysentery).

**The spread of germs through DROPLET SPREAD means that germs are spread through the air.** When people talk, cough or sneeze they are spreading germs through the air. (Common cold, flu, Tuberculosis).

## Control the Spread of Germs

Knowing how germs are spread is only the first step in practicing infection control and preventing illness. Knowing how to control the spread of germs is the second step. **One should be careful not to transmit infection to others and equally important, one should be careful not to be infected by others.** There are many ways DSP can help control the spread of germs. Four important ways to prevent the spread of germs are:

1. Always Wash Your Hands
2. Know the Correct Precautions for Infection Control

## Your Notes

3. Keep Yourself, the Individual and the Environment Clean
4. Be Aware of the Signs and Symptoms of Illness and Infection, Record and Report Them

### **1. Always Wash Your Hands**

Hands and fingers are considered the most frequent way that germs are spread. **DSP who hand-wash frequently, thoroughly and vigorously are practicing the most effective way to prevent the spread of infection.** There are many times during the day that people should wash their hands. DSP should routinely wash their hands when they come to work. Hands should be washed at work at least before touching:

1. Food
2. An individual's medicine
3. Kitchen utensils and equipment
4. Someone's skin that has cuts, sores or wounds
5. And before putting on disposable gloves

DSP should always wash their hands at least after:

1. Using the bathroom
2. Sneezing, coughing or blowing one's nose
3. Touching one's eyes, nose, mouth or other body parts
4. Touching bodily fluids
5. Touching someone's soiled clothing or bed-linens
6. Providing assistance with medications
7. Providing assistance with bathing or toileting
8. Removing and disposing of used disposable gloves

## **Your Notes**

9. Touching anything else that could be contaminated with germs
10. Smoking

## **2. Knowing the Correct Precautions for Infection Control**

**Standard Precautions are ways of making sure that every person who has direct contact with body fluids (urine, feces, saliva and blood) will be protected in case the fluids are infectious or carry disease. Standard Precautions are especially important to prevent the spread of blood-borne and other infectious diseases.** These precautions apply to mucous membranes such as the eyes and nose and when there is a cut, abrasion or wound.

**Standard Precautions include the wearing of disposable (single-use) latex gloves.** Non-latex gloves can be purchased for people who are allergic to latex.

**Gloves should be used only one time and changed after each use.** New gloves should be put on each time a DSP works with a different individual. Used or contaminated gloves should be thrown away. Gloves become contaminated after each use and can spread germs between people if used more than once and if they are not properly disposed.

The DSP should wash his or her hands each time gloves are used. **When the DSP is ready to assist another individual, a new pair of gloves should be put on.** If bodily fluid or blood touches the skin from the gloves or the individual with whom the DSP is working, vigorously and thoroughly wash one's

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hands. If the gloves tear or break while being worn, take them off, and vigorously and thoroughly wash one's hands. Put on a new pair of gloves and continue with assisting the individual.

### When to Use Standard Precautions

**Standard Precautions are important for everyone.** Putting on disposable gloves and taking them off correctly is especially important in preventing the spread of germs and infection. The job of the DSP is to protect the individuals with whom they work and themselves and to prevent the spread of infection between themselves and others in the home. If Standard Precautions are used daily by DSP, by wearing disposable gloves and frequent, thorough and vigorous hand washing, they can help in decreasing the spread of infection. The DSP can follow the method for putting on disposable gloves as demonstrated in Gloving Technique. DSP should use gloves at least while doing any of the following activities:

- Cleaning rectal or genital area
- Giving mouth care
- Shaving with a blade razor
- Cleaning bathrooms
- Cleaning up urine, feces, vomit or blood
- Providing or assisting with menstrual care
- Providing wound care

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- Handling soiled linen or clothing
- Giving care when the DSP has open cuts or oozing sores on his or her hands
- Disposing of waste in leakproof, airtight container

### **Other Protective Equipment**

Depending on your job, you may be expected to wear other personal protective equipment (PPE), like a facemask or eye shields. If a DSP needs these, get a professional to teach the correct use and disposable of these items.

## **3. Keep Yourself, the Individual and the Environment Clean**

### **Cleaning and Disinfecting**

**The DSP should be careful not to transfer infection to others, and, equally important, the DSP should be careful not to be infected by others.** The DSP can help do this by being clean themselves, keeping the home clean and germ free and assisting the individuals in the home to maintain good personal hygiene.

**Part of the job of a DSP is the thorough cleaning of surfaces and other items in the home that might have germs.**

These germs can be a risk for anyone who lives in the home. Routine, daily cleaning of household surfaces and other items with soap and water is the most useful method for removing germs. Sometimes, an additional cleaning is needed to be germ free. This extra step is called disinfection. It is the process of killing germs after cleaning with soap and water and rinsing with clear water. Disinfecting usually

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requires soaking or drenching the surface or item for several minutes with a special cleaning solution. This soaking allows the cleaning solution to kill the remaining germs. One of the most common cleaning solutions uses household bleach and water. There are two recipes for this bleach and water cleaning solution.

Both disinfectant cleaning solutions are easy to mix, safe if handled properly and kill most infectious germs. The solutions lose their effect quickly. The disinfectant, bleach solution should be mixed fresh every day. Although the bleach is diluted for the purposes of cleaning, it must be stored properly in a sealed and labeled container in the locked storage area where other cleaning supplies are kept when not being used.

**NOTE:** Never mix bleach with anything but fresh tap water such as ammonia or other cleaning products because it may react and cause a toxic chlorine gas). Keep the solutions in a cool place out of direct sunlight.

The first cleaning solution is to be used for bathrooms, diapering or incontinent brief changing areas and floors.

Ingredients:

- 1/4 Cup Bleach
- 1 Gallon Cool tap Water

Procedure:

- Add the household bleach (5.25% sodium hypochlorite) to the water
- Carefully, mix well
- Store in closed, labeled container in cool, dark, locked storage area
- Remake daily

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The second cleaning solution is to be used for cleaning eating utensils, toys, counter tops and other items that are mouthed or come into contact with bodily fluids.

Ingredients:

- 1 Tablespoon Bleach
- 1 Gallon Cool tap Water

Procedure:

- Add the household bleach (5.25% sodium hypochlorite) to the water
- Carefully, mix well
- Store in closed, labeled container in cool, dark, locked storage area
- Remake daily

**Your Notes**

## Information Brief

# Six Principles of Care

As a DSP, you may have many different responsibilities that are included in your job. You are responsible for maintaining health histories, recognizing, recording and reporting signs and symptoms of illness and injury, practicing Standard Precautions of hand washing and wearing disposable gloves and keeping the home germ free. **The DSP is also responsible for assisting the individuals in the home with personal care skills, which are very important.**

**Principles of Care begin with you, the DSP. It is expected that you will come to work clean and in good health. The Six Principles of Care are a set of guidelines or responsibilities that DSP should remember when providing assistance and support for personal care activities for individuals in the home. These principles will become routine as they are practiced each day.**

## Six Principles of Care

- Safety
- Privacy
- Dignity
- Communication
- Infection Control
- Independence

### PERSONAL CARE

The DSP will want to apply the Six Principles of Care every time they assist and support an individual with personal care skills. **Personal care means activities the individual completes such**

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**as grooming, bathing, shaving and teeth brushing.** Part of the job of a DSP is to learn about the individuals in the home. Some individuals already have many skills in completing personal care. Some individuals may need more assistance or support to complete personal care activities. Depending on the skills of the individuals in the home, the DSP will assist and support each person to complete part or all personal care skills each day.

**It is important to remember that having opportunities to make choices is a key to healthy, happy people.** This is true for both for the individuals in the home where the DSP works as well as the DSP. Just as individuals have the opportunity to make choices about what clothes to wear and what to eat, they need to have the choice as to how and when they complete their personal care activities.

## Personal Care Reminders

### **Hair Grooming**

When assisting and supporting individuals with hair care or grooming, the individual should have choices. Individuals have preferences to what brand of shampoo or crème rinse they like. Some individuals may prefer to complete their hair care in the morning, the afternoon or the evening. Just as a DSP might do, individuals may change their minds from time-to-time about how they style their hair.

### **Fingernail and Toenail Care**

Cleaned and trimmed fingernails and toenails are important for overall health. Germs often collect underneath the nails. Frequent and thorough hand washing and foot care is a good way to prevent this germ buildup. Nails that become too long

## Your Notes

or are rough and torn can scratch and cut an individual's skin and may result in an infection. Individuals often like to have nail color applied and may need assistance and support to complete this skill. **Some individuals (those with diabetes) should have their nail care completed by a medical professional.**

### **Shaving**

The shaving of one's legs, underarms or face is a very personal matter. Cultural differences may be a key to whether an individual shaves or does not shave. For example, in some cultures women do not shave their legs or underarms. In some cultures, men do not shave their facial hair. In some cases, men like to grow beards as a personal style. Some individuals may learn to use an electric razor. Other individuals may be assisted and supported in using a blade razor. If the individual chooses to shave, it is important to assist and support the individual in safe shaving activities. Safety is important to avoid nicks and cuts that can lead to infection.

### **Bathing and Perineal Care**

Bathing means the cleaning of one's body from head to toe. Perineal care means the bathing of the genital and anal (rectum) parts of one's body. Sometimes people call the genitals and anus the "private parts" when they are assisting and supporting an individual with personal care activities of bathing. Providing assistance and support for bathing can be a very sensitive personal care activity for an individual and the DSP. It is very important to remember and practice the Six Principles of Care when assisting and support individuals in this activity. Due to the sensitive nature of the personal care in bathing, it is routinely completed by female DSP for women and girls and by male DSP for men and boys.

## **Your Notes**

Although many individuals are able to complete bathing activities independently, the DSP will need to know what skills in bathing an individual already has before beginning to provide assistance and support with showers or baths. It is important that the DSP provide whatever assistance and support is needed to ensure individuals are clean. Checking an individual's personal care skills of bathing from time-to-time, and assisting when needed, will help prevent body odor, discomfort and infection.

### **Mouth Care**

Mouth care includes both teeth brushing and gum care. This is an important skill for individuals to learn for good health.

Germ, the sticky, tooth colored bacteria that grows on the front and sides of teeth, is called plaque. Brushing after meals and flossing helps keep teeth and gums healthy. Teeth brushing removes plaque from the front and sides of teeth. Flossing helps remove plaque from between the teeth and under the gums. Plaque can build up on dentures also. Daily brushing and flossing and routine visits to the dentist is frequently enough mouth care for an individual. However, medications or other medical concerns may require more extensive mouth care for some individuals. For some individuals, mouth care and routine dental visits can be stressful. The individual's physician and dentist can assist with information about dental aids, special toothbrushes, positioning for daily mouth care for individuals with physical or behavior challenges. The DSP may need to work closely with the individual's physician and dentist to ensure that needed mouth care is completed on a routine basis. Clean and bright teeth, fresh breath and gums that are free from infection, makes one look and feel better.

### **Your Notes**

In conclusion, it is the job of the DSP to continue to teach, assist and support each individual in learning good personal care habits. Each individual will have the opportunity for leading a fuller, happier, more enjoyable life, as they become more independent with their own care needs.

## Your Notes

## Information Brief

# Dental Care

(**Note:** A major resource for the content of this module was Volume 1, Number 1 of the *Wellness Letter*, published by the California State Department of Developmental Services.)

The dental problems that affect the general population also affect individuals with special needs. However, there are often additional dental concerns related to persons with developmental and/or physical disabilities.

### **Gum (periodontal) Disease**

Gum disease affects the tissues and structures surrounding and supporting the teeth. Most dentists and hygienists will agree that gum disease occurs at an earlier age in individuals with developmental disabilities. It is not unusual to find advanced gum disease - swollen, bleeding gums, loose teeth due to bone loss, and gum infection - in a young adult with special needs. Malformed or poorly arranged teeth, tooth grinding, poor health and some medications contribute to development of gum disease. It is very important to brush, floss and clean the teeth, gums and tongue.

### **Baby Bottle Tooth Decay**

Letting a child sleep or keep the bottle for a prolonged time when milk, formula, fruit juice or sweetened liquid is in the bottle can cause tooth decay. The liquid pools around the upper front teeth and molar areas and remains in the mouth for long periods of time. The combination of the pooled liquid and a decrease in production

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of saliva during sleep starts production of bacteria which causes rapidly progressing decay. Fluoride supplements can help to prevent this tooth decay, but weaning from the bottle is most important. Using plain water in a bottle is another option when weaning is not possible. Children with special needs are especially susceptible to this problem if they lack the ability to drink from a cup early, are on a special formula diet, or exhibit difficult behavior that encourages the parent to quiet the child with a feeding.

### **Tube Feeding**

Individuals who are tube-fed (for example, a gastrointestinal tube) can build up deposits on their teeth more than those who chew food. The reasons for this are not clearly understood. It is very important to brush, rinse and stimulate the mouth area of people who are being tube fed in order to maintain good oral health. Brushing bacteria from the tongue is still necessary to prevent infections such as *thrush*. Thrush is a fungus infection that causes a whitish growth and sores in the mouth.

### **Effects of Medications**

Individuals with special needs are frequently prescribed medications to be taken over a long period of time. Some medications reduce the flow of saliva leading to a dry mouth that promotes tooth decay and cracks in lips. Rinsing the mouth with water after each dose is advised.

*Aspirin* dissolved in the mouth before swallowing provides an acid environment that can lead to decay.

## **Your Notes**

*Dilantin®*, (generic: phenytoin sodium) is widely used to control seizure disorders. Many individuals who receive this drug over an extended period of time will develop enlarged and overgrown gum tissues which makes brushing and flossing more difficult and less effective. Reports show between 36% to 63% of persons taking *Dilantin®* experience gum enlargement. The onset of gum overgrowth most often occurs within the first year of using phenytoin therapy.

### **Sugar Content of Medications**

Liquid medications contain up to 84% sucrose with most having more than 40% sugar content. These are often given before a rest time or at bedtime. When asleep, the decrease in salivary flow does not allow the liquid to wash away. The sugary solution stays in the mouth, leading to tooth decay. If possible, give the medication while the individual is awake and have him or her rinse the mouth or brush immediately after a dose. Also, ask your pharmacist if a sugar-free medication is available.

### **Dry Mouth**

Dry mouth may occur from mouth breathing and medications. Mouthwash containing alcohol may lead to dehydration of an already dry mouth. Offering lots of water is a good practice. This will help to insure adequate hydration of the body.

### **Over-Retained Teeth**

Sometimes a child's baby tooth has not fallen out and the permanent tooth erupts. Removal of the baby tooth can help prevent future problems. The presence of an over-retained baby tooth in the middle teenage years can indicate a potential

## **Your Notes**

problem such as a missing permanent tooth or an impacted permanent tooth.

### **Drooling**

Excessive drooling is often seen in persons with disabilities with poor oral muscular control, not necessarily because of an excessive amount of saliva production. Facial chapping may occur. Occupational therapy to achieve lip closure in young children may reduce the incidence of drooling.

### **Pouching (food retention in the mouth)**

Pouching is a habit found in some persons with developmental disabilities. Storing of food in the cheek or palate may be done to prolong the taste of food or medicine or because of oral muscular dysfunction. Help avoid pouching by:

- Inspecting the mouth after giving food or medications to remove any remaining material.
- Giving liquid medication rather than pills.
- Giving medications with fluids to encourage swallowing.
- When medication can be crushed without adversely affecting the drug's absorption, it can be given along with artificially sweetened applesauce or pudding.

### **Self Injurious Behavior**

Lip biting after taking a local oral anesthetic may occur in individuals who do not understand the sensation of local anesthesia. Prevention is not always possible and caregivers or parents are required to closely watch these individuals.

## **Your Notes**



Chronic lip biting can result in large sores requiring use of antibiotic therapy to prevent secondary infection. If this persists, the dental provider may recommend an appliance or even tooth extraction(s) as a remedy. Severe root exposure due to scraping the gum tissue with a fingernail may come from a behavior developed by some individuals. Positive behavior support skills or use of a mouth guard to cover the teeth may be needed to decrease the behavior.

**Dental Implications of Down Syndrome**

In Down Syndrome, the tongue appears large, giving an "open mouth" appearance. There is evidence that the tongue is actually of normal size but appears large and protruding due to a narrow nasopharynx and enlarged tonsils and adenoids. A high palate becomes a place to pocket food and may be difficult for the individual or caregiver to keep clean. Proper care of this area includes frequent rinsing or swabbing. Individuals with Down Syndrome have a decreased immunological response (ability to fight infection). Good oral hygiene is necessary to prevent gum disease. Cardiac abnormalities may require preventative antibiotic treatment before dental treatment.

**Dental Implications of Cerebral Palsy**

Individuals with cerebral palsy may have increased periodontal problems due to poor oral hygiene, bruxism, or the use of *Dilantin*® to treat convulsive disorders. Also, abnormal tongue movements and difficulty in swallowing can complicate oral health and dental service delivery. Many individuals with cerebral palsy will have poor tooth/jaw relationships

**Your Notes**

(malocclusions) due to abnormal muscle functioning such as facial grimacing, unusual chewing and swallowing patterns, and tongue thrusting.

### **Canker Sores**

Injuries to the mouth, infection, female hormones, or stress can also cause individuals with developmental disabilities to have canker sores. These are painful, open sores in the mouth and cheek that can take 7-10 days to heal. The dentist (or doctor) can provide a topical medication (or a prescription for over-the-counter medication can be obtained) to ease the pain. It is recommended that people who are prone to have canker sores, should chew their food slowly and use a soft bristle toothbrush to avoid any injury to the inside of the mouth.

### **Risk Factors**

There are a variety of risk factors which can lead to a mouth, teeth, or throat problem for any person. There are also some additional risk factors for some people with developmental disabilities, which call for close observation by caregivers and frequent regular check-ups.

- Poor habits or techniques of oral hygiene, for example, not brushing or flossing the teeth correctly or adequately.
- A poor diet, for example, not eating well-balanced and nutritious meals, or frequent snacking on sweets.
- Not seeing a dentist regularly for check-ups and professional teeth cleaning.

## **Your Notes**

- Smoking or drinking alcohol to excess, which can damage teeth, gums, and other tissues of the mouth.
- Motor impairments which limit ability to chew or swallow properly and/or to care for one's teeth.
- Insensitivity to pain, or inability to identify it to a caregiver.
- The side effects of medications, such as gums growing up onto the teeth (a condition called hyperplasia of the gingiva).
- A fear of dentists or doctors or the dental examination process.
- Taking liquid medicines (high in sugar content) without brushing or rinsing afterwards.

**Prevention**

There are many ways to avoid the special dental concerns of people with developmental disabilities. Suggestions for caregivers include:

- Good dental hygiene, for example, brushing and flossing at least twice daily.
- A proper diet, and avoiding sugary snacks.
- Use of fluoride (toothpaste, mouthwash) and sealants (plastic covers typically applied to the molars).
- A dental check-up or cleaning, at regular (6 or 12 month) intervals.

**Your Notes**

- Keep an accurate and complete health history (heart problems, allergies to medications, current medications) for the dentist.
- Follow/encourage good eating habits, avoiding sugary and starchy snacks without brushing (or at least rinsing) afterwards.
- Deal effectively with anxiety about dental and medical services, where it interferes with being seen and treated properly.
- Prompt or assist eating or modify (cut-up, mash) food, if the person is prone to eating too quickly, not chewing properly, or has a poor gag reflex.

As previously stated, people with disabilities sometimes hold foods in the mouth longer, creating an environment for bacteria or other microorganisms to cause tooth decay and gum disease. Chewing activity benefits teeth, gum tissues and oral muscles, so chewing activity should be encouraged even when soft foods are eaten. It is very important to brush, floss, rinse and stimulate the mouth area in order to maintain good oral health.

## Your Notes

**Planning for a Successful Trip to the Dentist**

Most individuals with developmental disabilities can receive dental care under routine circumstances in a typical dental environment. However, if someone is afraid or uncooperative regarding dentistry, there are ways for both caregivers and dentists to ensure a successful visit:

- If possible, work with the dentist to schedule a pre office visit for the individual. This gives the individual an opportunity to see the waiting room, office, exam rooms and dental equipment in advance. This can help to decrease anxiety about the visit.
- The caregiver should begin preparing the person for the dental visit several days before the appointment. For example, practice opening the mouth and using a mouth mirror.
- Avoid sitting for long periods in the reception area. Discuss with the receptionist how best to schedule to minimize the wait.
- Bring something familiar to the individual which may act to lessen anxiety. For example, Walkmans with head phones are great for covering the equipment noise while providing favorite music.
- Keep a familiar person in sight of the individual during the procedures. If appropriate and requested, the caregiver might hold the person's hand during the procedure.

**Your Notes**

- You may need to provide verbal support to the person as he or she gets into and out of the dental chair. Tell the individual when any movements of the chair or light are anticipated.
- Show the individual the dental instruments before inserting them into the mouth.
- Use language that is developmentally appropriate, but not condescending. For example, speak in terms of "cleaning" and "fixing a broken tooth" rather than "scraping" and "composites".
- Don't promise "this won't hurt" when it may hurt. Give a time frame for how long the procedure will last.
- Try to anticipate the tolerance threshold of the individual. It is much better to have two short successful visits than one long visit which results in trauma.

### **A Quick Review of When to Seek Dental or Medical Help**

Signs and symptoms that indicate a need for dental or medical attention or first aid include:

- Tooth ache or sensitivity to cold or hot. Usually indicates tooth decay.
- Soft, swollen, and bleeding gums. Use a warm mouth rinse (water and salt). If problem persists (or a tooth is loose), get an appointment with your dentist.
- Spots, wounds, sores, 'hairy tongue,' discoloration or enlargement of the

## **Your Notes**

tongue, bad breath or foul taste in the mouth. These conditions often signal a bacterial, viral, or fungus infection. See your doctor or dentist.

- Difficulty chewing, swallowing, recurrent regurgitation or gagging. If eating is an on-going problem, an interdisciplinary approach (eating clinic) can be helpful.
- Inability to breathe. If something is stuck in the throat and you have not been trained in using the abdominal thrust (formerly known as the Heimlich Maneuver), you must seek emergency help immediately.

### **Access to Dental Care**

If you don't have a dentist, calling your local dental society is the best way to find a dentist who can serve special needs patients. You may call the California Dental Association at 1-800-736-8702 if you do not know your local dental society name or telephone number. Also, ask other individuals with developmental disabilities, parents or caretakers what dental provider they prefer. Be sure to explain the special needs very frankly to the receptionist and/or dentist prior to making an appointment.

For individuals with developmental disabilities who do not have dental insurance, funding for dental services can be provided through:

### **Supplemental Security Income (SSI)**

Social Security Administration • 800-772-1213 General Information. SSI benefits can also be used to pay for medical needs and dental care not provided by Medicare, Medicaid, or a residential institution.

## **Your Notes**

### **Dental-Cal**

Department of Health Services • 800/322-6384 for referrals to Dental-Cal providers in your area. Dental-Cal is the Medi-Cal equivalent for dental services.

### **County hospitals**

County hospitals can also provide emergency dental services.

### **Regional Centers**

If identified in the Individual Program Plan (IPP) as needed and if not provided by another agency (e.g., Medi-Cal), a regional center may purchase such health and medical services as: *assessment, diagnosis, and evaluation; physical, occupational, and speech therapy; adaptive equipment and supplies; specialized medical and dental care; and, transportation services necessary to ensure delivery of services* (excerpted from the Lanterman Act).

### **Your Notes**



## DENTAL CARE RESOURCES

### SERVICES

#### **Special Athletes/Special Smiles**

Special Olympic participants or attendees can receive oral hygiene instruction, non-invasive dental screening, and referrals to local dentists experienced in treating individuals with special needs. For information about Special Athletes, Special Smiles contact Special Olympics at (617) 638-4891.

#### **Special Smiles Guide**

A Guide to Good Oral Health for Persons with Special Needs was developed by Special Olympics Special Athletes/Special Smiles and Boston University. For information about obtaining a copy, call your local Special Olympics affiliate.

#### **Northern California Dental Program**

The Rural Northern California Dental Program for Persons with Disabilities provides for: dental screening, community-wide triage and referral services using a consortium of agencies and hospital dental facilities to provide in-hospital care for individuals with severe disabilities who require dental treatment under general anesthesia. This project was implemented in a number of communities in rural Northern California.

Participating regional centers were Far Northern Regional Center, North Bay Regional Center, and Redwood Coast Regional Center. Another outcome of the project was the development of a preventive dentistry training program for caretakers of persons with disabilities. For information about the program, call (415) 929-6426 or write to the UOP School of Dentistry, 2155 Webster Street, San Francisco, CA 94115.

### ORGANIZATIONS

***Federation of Special Care Organizations in Dentistry*** (American Association of Hospital Dentists, Academy of Dentistry for Persons with Disabilities, American Society for Geriatric Dentistry)

211 East Chicago Avenue, Suite 948, Chicago, IL 60611-2678 (312) 440-2660

No referral services available.

#### ***The California Foundation of Dentistry for the Handicapped***

Donated Dental Services Program

P.O. Box 13749, Sacramento, CA 95853-9981 (916) 498-6176

Approximate catchment area: Redding to Merced

## Key Word Dictionary

### Wellness: Promoting Good Health

### Session #11

#### **Assess**

To recognize changes in an individual. For example, change can be anything such as a behavior, health condition, or activity level.

#### **Dignity**

Treating people with respect.

#### **Disinfect**

To kill or eliminate most germs with a chemical solution.

#### **Documenting**

The process of recording the changes in an individual's daily routine or health care needs that have been noted through the assessment skills of listening, questioning and observing.

#### **Germs**

Bacteria or microorganisms that are alive and need warmth, moisture, darkness and oxygen to grow and live. Some germs are helpful to digestion of food and the elimination of bodily waste. Other germs are harmful and cause illness or infection.

#### **Health History**

A document that has medical history and current information about an individual's health care needs.

#### **Infection**

Germs in the body that may cause illness or injury if not treated.

#### **Mouth Care**

The care of the teeth and gums through brushing, flossing and routine dental check-ups.

#### **Plaque**

The sticky, bacteria and germs that build up on the teeth and can cause infection.

## **Principles of Care**

A set of guidelines for working with individuals that includes safety, privacy, dignity, communication, infection control and independence.

## **Privacy**

Assuring that an individual's personal care needs remain confidential.

## **Signs and Symptoms**

Observation is about noticing change in a person's health, attitude, or behavior. Changes that are observed are called signs. The signs may be a symptom or indicate the presence of a disease, illness or injury. A symptom may also mean that someone is getting better.

## **Standard (Universal) Precautions**

Standard Precautions are an approach to infection control. These precautions apply to all blood, all body fluids, secretions and excretions (urine and feces), whether or not they contain visible blood. They also apply to mucous membranes and where there is a cut or abrasion. Standard Precautions protect both the individual being assisted and the DSP. Standard Precautions include the use of disposable gloves and handwashing.

## **If You Want to Read More About Wellness: Promoting Good Health**

**Developmental Disabilities: Resources for Healthcare Providers**

<http://www.ddhealthinfo.org/>

**Foundations for Caregivers (1993).** American Red Cross.

**Health Care Choices for Today's Consumer (1995).** Marc S. Miller, Editor.

**Healthy Smiles for Children with Special Needs (1996).** San Diego Regional Center and Anderson Center for Dental Care.

**Overcoming Obstacles to Dental Health (1995).** Training Project, University of the Pacific, and Far Northern, North Bay, and Redwood Coast Regional Centers.

**Quality of Life in Health Promotion and Rehabilitation (1996).** Rebecca renwith, Ivan Brown, Mark Nagler, Editors.

**The ABC's of Safe and Healthy Child Care (1996).** California Department of Health Services.

**Training Inservice (2000).** Valley Mountain Regional Center.

**Standard Precautions Inservice (2000).** San Diego Regional Center.

# Worksheets and Activities

## **Key Elements of a Health History**

- 1. Information about past and present illness**
- 2. Family history**
- 3. History of medications**
- 4. Physician's and dentist's name, address, and telephone numbers**
- 5. Allergies**
- 6. Physician reports**
- 7. Family information, including emergency contacts**
- 8. Conservator or guardianship information (name, address, and telephone number, as appropriate)**
- 9. Conservator or guardianship papers (for example, court documents)**
- 10. Regional center service coordinator name, address, and telephone numbers**
- 11.**
- 12.**
- 13.**

## Skills for Assessing

- Listening
- Questioning
- Observing

# Documenting Signs and Symptoms

- Listening
- Questioning
- Observing



## **Reporting Guidelines for Signs and Symptoms**

- **State what the individual claims is wrong**
- **Describe how the individual appears physically**
- **State when the symptoms first began or were noticed**
- **Describe any changes in the individual's eating habits**
- **Describe any changes in the individual's behavior**
- **Describe any vomiting, diarrhea or urinary problems**
- **Report any recent history of similar symptoms**
- **Provide list of current medications**
- **Provide list of known allergies**
- **Describe how injury happened**
- **Describe any visible bleeding or swelling, how much and how fast**
- **Describe any lack of movement or inability to move body parts**
- **Describe size of wound or injury**
- **Report pulse, temperature and blood pressure (if obtainable)**
- **State the facts**

## SKILL SHEET #1 HAND-WASHING

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Attention:** Remember to wash your hands:

1. When coming to work
2. Before and after any contact with an individual
3. Before handling any food
4. After going to the bathroom
5. After coughing or sneezing
6. After smoking
7. Before and after wearing disposable gloves
8. Before going home

**Supplies:**

1. Sink
2. Water
3. Soap
4. Towel

### PROCEDURE (Hand-washing)

| STEPS   | Partner Check            | Instructor Check         |
|---|--------------------------|--------------------------|
| <b>1. Remove watch or push up on your forearm, remove rings and bracelets. Roll up sleeves.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Note:</u> If the watch cannot be worn above the wrists, the watch should be kept in your pocket to prevent contamination.<br><u>Why?</u> Hand-washing includes the wrists. |                          |                          |
| <b>2. Turn on water and adjust temperature.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Note:</u> Use a clean paper towel to turn the water faucet off and on.<br><u>Why?</u> Faucets may indirectly transfer germs.   |                          |                          |

| STEPS  | Partner Check            | Instructor Check         |
|--|--------------------------|--------------------------|
| <b>3. Wet your hands and wrists. Apply soap.</b><br><u>Note:</u> If you are using bar soap, rinse the soap before using it.<br><u>Why?</u> Soap can indirectly transfer germs.   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4. Hold your hands lower than your elbows and rub your hands to make suds.</b><br><u>Why?</u> This will help water to run from the clean area of the forearm to the dirty area of the fingers.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5. Wash your hands vigorously and thoroughly.</b> <ul style="list-style-type: none"> <li>• Wrists (grasp with opposite hand and twist wrist between thumbs and fingers of hand)</li> <li>• Palms and backs of hands</li> <li>• Between fingers</li> <li>• Nails (rub against palms of hands or with personal nail brush)</li> <li>• Repeat with both hands</li> </ul> <u>Why?</u> This makes sure all areas of the wrist and hands are cleaned. | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>6. Rinse your wrists and hands, keeping your wrists and hands below your elbows.</b><br><u>Why?</u> Removes and loosens dirt and germs. Washes contaminated suds and water away from clean skin.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>7. Dry your wrists and hands thoroughly with a clean towel or paper towel.</b><br><u>Why?</u> Prevents chapping of hands.   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>8. Use a clean paper towel to turn off faucet.</b><br><u>Why?</u> Touching the faucet and/or sink will contaminate clean hands.   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>9. Throw used towel away.</b><br><u>Note:</u> Use a clean paper towel to open the door if leaving the bathroom.   | <input type="checkbox"/> | <input type="checkbox"/> |

***Direct Support Professional (DSP) Training***  
**SKILL CHECK #2 Gloving**  
**STUDENT INSTRUCTIONS**

**Directions:** Partner with another member of the class. Each partner should have a *Skill Check #2 Worksheet*. Using the *Worksheet*, practice all the steps in this skill. Have your partner check off each step you correctly complete (PARTNER CHECK). When you are comfortable that you are able to correctly complete all the steps without using the *Worksheet*, ask the teacher to complete the Teacher Check.

**Reminders:**

**ALWAYS** wear disposable gloves when you:

- Assist another person with tooth-brushing or flossing, bathing, shaving, menstrual care, and cleaning the rectal or genital area;
- Clean up toilets, urine, feces or vomit; and/or,
- Perform first-aid.

**ALWAYS** use a new pair of gloves for each activity.

**ALWAYS** use a new pair of gloves for each individual.

**ALWAYS** wash your hands before and after using gloves.

**NEVER** wash gloves and use again.

**Supplies:** Gather all of the necessary supplies for skill check. Supplies are needed for practice and skill check.

- Water, soap, and paper towels for hand washing
- New disposable gloves: At least two pairs - one for practice and one for final skill check.
- Waste container
- *Skill Check #2 Worksheet*

**COMPETENCY:** Each student is required to complete *Skill Check #2 Worksheet, Gloving*, with no errors.

Revised 4/01/02

TEACHER \_\_\_\_\_

STUDENT: \_\_\_\_\_

DATE: \_\_\_\_\_

**SKILL CHECK #2 WORKSHEET****Gloving**

| Please initial each step when completed correctly | Partner Check | Teacher Check |            |            |
|---|---------------|---------------|------------|------------|
|   |               | Attempt #1    | Attempt #2 | Attempt #3 |

**STEPS**

|   |       | Date  | Date  | Date  |
|---|-------|-------|-------|-------|
| 1. Remove rings and watches   | _____ | _____ | _____ | _____ |
| 2. Wash your hands  | _____ | _____ | _____ | _____ |
| 3. Select a new pair of gloves of the appropriate size  | _____ | _____ | _____ | _____ |
| 4. Pull the gloves onto both hands  | _____ | _____ | _____ | _____ |
| 5. Smooth out folds to ensure a comfortable fit   | _____ | _____ | _____ | _____ |
| 6. Carefully look for tears, holes or discolored spots and replace the glove(s) with a new one if necessary | _____ | _____ | _____ | _____ |

**STEPS - Taking off Gloves**

|  |       |       |       |       |
|--|-------|-------|-------|-------|
| 1. Touching only the outside of one glove, pull the first glove off by pulling down from the cuff                            | _____ | _____ | _____ | _____ |
| 2. As the glove comes off your hand, turn the glove inside out   | _____ | _____ | _____ | _____ |
| 3. With the fingertips of your gloved hand, hold the glove you just removed  | _____ | _____ | _____ | _____ |
| 4. Put fingers of your bare hand inside the remaining glove, being careful not to touch any part of the outside of the glove | _____ | _____ | _____ | _____ |
| 5. Pull the glove down, turning the glove inside out and over the first glove as you remove it                               | _____ | _____ | _____ | _____ |
| 6. Drop both contaminated gloves into the proper garbage container   | _____ | _____ | _____ | _____ |
| 7. Wash your hands   | _____ | _____ | _____ | _____ |

Revised 4/01/02

*Direct Support Professional (DSP) Training*  
**SKILL CHECK #2 Verification Sheet**

**Gloving**

**CERTIFICATION**

This is to certify that (Name of Student)\_\_\_\_\_

correctly completed all of the steps for *Gloving*.

Teacher Signature:\_\_\_\_\_Date:\_\_\_\_\_

Comments:\_\_\_\_\_

\_\_\_\_\_

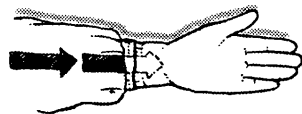
\_\_\_\_\_

\_\_\_\_\_

## Gloving Technique

### Putting on non-sterile gloves

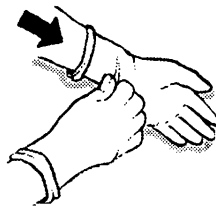
- Wash your hands following proper procedure.
- If you are right handed, remove one glove and slide it on your left hand (reverse, if left handed).
- Pulling out another glove with your gloved hand, slide the other hand into the glove.
- Interlace fingers to smooth out folds and create a comfortable fit
- Carefully look for tears, holes or discolored spots and replace the glove if necessary.



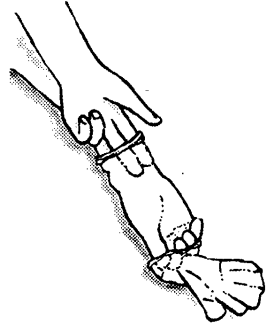
- If wearing a gown, pull the cuff of the gloves over the sleeve of the gown.

### Removing non-sterile gloves

- Touching only the outside of one glove, pull the first glove off by pulling down from the cuff.



- As the glove comes off your hand it should be turned inside out.
- With the fingertips of your gloved hand hold the glove you just removed. With your ungloved hand, reach two fingers inside the remaining



glove, being careful not to touch any part of the outside.

- Pull down, turning this glove inside out and over the first glove as you remove it.
- You should be holding one glove from its clean inner side and the other glove should be inside it.
- Drop both gloves into the proper container.
- Wash your hands using proper procedure.

## Six Principles of Care Activity

|                          |
|--------------------------|
| <b>Safety</b>            |
| <b>Privacy</b>           |
| <b>Dignity</b>           |
| <b>Communication</b>     |
| <b>Independence</b>      |
| <b>Infection Control</b> |



## SKILL SHEET #3 HAIR GROOMING

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Attention: Remember, hairstyle is an individual choice**

1. Use only the individual's personal comb and brush.
2. Clean comb and brush regularly.
3. Combs with "sharp teeth" can injure sensitive scalps.
4. Use comb and brush with a gentle touch.
5. Encourage the individual to do as much as they can for themselves.

**Supplies:**

1. Comb
2. Brush
3. Mirror
4. Personal hair products

### PROCEDURE (Hair Grooming)

| STEPS  | Partner Check            | Instructor Check         |
|--|--------------------------|--------------------------|
| 1. Ask the individual if they have a preference for their hair style today.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Teach and assist with drying wet hair with dryer and applying gels, hair spray, etc.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If hair is long, divide into sections before combing or brushing..  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Teach and assist the individual to comb or brush hair from scalp to ends of hair.   | <input type="checkbox"/> | <input type="checkbox"/> |
| <p><u>Note:</u> If the hair is tangled, use a wide-tooth comb.</p> <p><u>Why?</u> Pulling on tangled hair can cause damage to the hair. Gently combing or brushing from the scalp to the ends of the hair stimulate circulation.</p> |                          |                          |
| 5. Encourage the individual to look in a mirror when finished styling.   | <input type="checkbox"/> | <input type="checkbox"/> |

Why? Having hair clean and groomed looks great, increases self-esteem and you can't have a "Bad Hair Day!"

## SKILL SHEET #4 CLEANING AND TRIMMING NAILS

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Attention:** Special care should be practiced when assisting with nail care.

1. Individuals with diabetes require professional assistance with nail care.
2. Toenails and fingernails should be kept clean, neatly trimmed, and smooth to prevent injury to skin.
3. Trimming the nail too short may cause ingrown toenails that can be painful and cause infection.
4. Encourage the individual to do as much as they can for themselves.

- Supplies:**
1. Personal nail clippers or nail scissors
  2. Personal cuticle or orange stick
  3. Bathtub or bowl
  4. Clean water
  5. Soap
  6. Personal towel
  7. Personal emery board or nail file

### PROCEDURE (Cleaning and Trimming Nails)

| STEPS  | Partner Check            | Instructor Check         |
|--|--------------------------|--------------------------|
| <p>1. Teach and assist the individual how to soak their hands or feet in warm water for at least 5 minutes and then wash hands or feet with soap.</p> <p><u>Why?</u> Soaking will soften the nails and make them easier to trim.</p>                           | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>2. Teach and assist how to push nail cuticle back (from fingers or toes) gently with cuticle or orange stick to prevent hangnails.</p> <p><u>Note:</u> A clean washcloth can be used for this step. DSP can demonstrate these steps on their own nails.</p> | <input type="checkbox"/> | <input type="checkbox"/> |

**PROCEDURE**  
**(Cleaning and Trimming Nails)**

| <b>STEPS</b> | <b>Partner Check</b> | <b>Instructor Check</b> |
|--------------|----------------------|-------------------------|
|--------------|----------------------|-------------------------|

3. Teach and assist the individual to clean under their nails (fingers or toes) with orange stick or tool on nail clipper for this purpose.

☐
☐

4. Teach and assist the individual to change the water and wash, rinse and dry their hands or feet.

☐
☐

Note: Do not rinse in soapy water.

Why? Soapy water has many germs from the nails. This will prevent skin on the hands and feet from chapping.

5. Teach and assist the individual to use nail clippers or nail scissors to trim toenails straight across. Fingernails can be trimmed with a slight curve. Use an emery board or nail file to shape and smooth the nails.

☐
☐

Remember: Individuals with diabetes need professional assistance for nail care.

## SKILL SHEET #5 SHAVING

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Attention:** Shaving steps can be used for facial, leg or underarm hair

1. Use of electric razor should not be used in same room where oxygen is used.
2. Electric razors should not be used around water.
3. Check all types of razors for chips or rust on the blades.
4. Always dispose of used razor blades.
5. Use only an individual's personal razor.
6. Supervise the use of razors closely for safe and correct handling before individual shaves independently.
7. Encourage the individual to do as much for themselves as they can.

- Supplies:**
1. Personal electric or other style razor
  2. Shaving cream and aftershave lotion
  3. Personal towel
  4. Sink or other clean water source
  5. Mirror

### PROCEDURE (Shaving)

| STEPS   | Partner Check            | Instructor Check         |
|---|--------------------------|--------------------------|
| 1. Teach and assist the individual in locating the best place to complete their shaving. Use of a mirror is recommended for shaving the face or under the arms. | <input type="checkbox"/> | <input type="checkbox"/> |

**Note:** Depending on what part of the body one is shaving, a sink, bowl, bathtub or shower may be more safe and functional.  
Why? Safety is important while shaving. The individual should be comfortable and sitting or standing securely.

## PROCEDURE (Shaving)

| STEPS  | Partner Check            | Instructor Check         |
|--|--------------------------|--------------------------|
| <p>2. Teach and assist the individual to check their skin for moles, birthmarks or cuts. If any changes are observed in the size, shape or color of a mole or birthmark the individual should be seen by his or her physician.</p> <p><u>Why?</u> Shaving over these areas can cause bleeding and infection. Changes may indicate illness.</p>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>3. Teach and assist the individual to open shaving cream and remove safety cap from razor (non-electric razor) or plug electric razor in to outlet.</p> <p><u>Note:</u> Again, safety is important. Shaving cream in an electric razor can be dangerous. Electric razors near water can cause injury or death.</p>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>SHAVING WITH NON-ELECTRIC RAZOR</b>   |                          |                          |
| <p>4. Teach and assist the individual to wash area to be shaved with warm, soapy water. (Face, underarms or legs)</p> <p><u>Why?</u> Washing removes oil and bacteria from the skin and helps to raise the hair shafts so it will be easier to shave.</p>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>5. Teach and assist the individual how to apply shaving cream or lather with soap.</p> <p><u>Note:</u> Some soaps and shaving creams can be harsh on the skin or an individual can be allergic to them. There are different brands on the market for sensitive skin. An electric razor may work better for an individual with skin allergies.</p> <p><u>Why?</u> Shaving cream softens the skin and helps the razor glide over the skin to prevent nicking and cutting.</p> | <input type="checkbox"/> | <input type="checkbox"/> |

**PROCEDURE  
(Shaving)**

| <b>STEPS</b>   | <b>Partner Check</b>     | <b>Instructor Check</b>  |
|--|--------------------------|--------------------------|
| <b>6. If the DSP is shaving the individual, wear disposable gloves.</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Note:</u> Refer to Resource Guide for directions on putting on disposable gloves.<br><u>Why?</u> To prevent spread of germs.  |                          |                          |
| <b>7. Teach and assist the individual to use the fingers of one hand to hold the skin tight and shave in the direction the hair grows.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Note:</u> Shaving in the direction the hair grows makes a smoother shave and helps prevent irritating the skin. The DSP may want to role play or demonstrate this shaving step on him or herself. |                          |                          |
| <b>8. Teach and assist the individual to rinse the razor often to remove hair and shaving cream so the cutting edge stays clean.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>9. Teach and assist the individual to use short strokes around chin and lips on the face, front and back of knees on the legs and under the arms.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Note:</u> Short strokes gives better control of the razor and helps prevent nicks and cuts.   |                          |                          |
| <b>10. Teach and assist the individual to rinse off the remaining shaving cream and dry the skin with gentle patting motions.</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Why?</u> Left over shaving cream can irritate and dry the skin. Rubbing freshly shaven skin can be irritating.  |                          |                          |
| <b>11. If shaving the face, offer the individual a mirror to inspect a job well done!</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Why?</u> Taking pride in completing personal care skills increases self-esteem.   |                          |                          |

**PROCEDURE  
(Shaving)**

| <b>STEPS</b>  | <b>Partner Check</b>     | <b>Instructor Check</b>  |
|---|--------------------------|--------------------------|
| <b>12. Teach and assist with applying aftershave or skin lotion if individual chooses.</b><br><br><u>Note:</u> Alcohol in aftershave acts as an antiseptic for tiny nicks and cuts. It also has a cooling and refreshing sensation. | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>13. Teach and assist the individual with cleaning razor and storing all shaving items.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>14. Teach and assist the individual to wash, rinse and dry their hands after shaving.</b>  | <input type="checkbox"/> | <input type="checkbox"/> |

**SHAVING WITH AN ELECTRIC RAZOR**

|   |                          |                          |
|---|--------------------------|--------------------------|
| <b>15. Teach and assist the individual to safely turn on the electric razor. Explain the safety of shaving away from water.</b><br><br><u>Why?</u> Electrocutions can occur when electric appliances, including razors, come in contact with water. | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>16. Teach and assist the individual in using a mirror while shaving the face or under the arms.</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>17. Teach and assist the individual in using a gentle, even pressure as they move the electric razor over their skin. Demonstrate how running one hand over the shaved area can locate missed hair.</b>  | <input type="checkbox"/> | <input type="checkbox"/> |

**PROCEDURE  
(Shaving)**

| <b>STEPS</b>   | <b>Partner Check</b>     | <b>Instructor Check</b>  |
|--|--------------------------|--------------------------|
| <b>18. Teach and demonstrate how to clean hair from the blades as needed during the shave.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Note:</u> Be sure razor is turned off and unplugged each time the blades are cleaned. Why? Injuries can occur when handling blades when the razor is turned-on or plugged in to an electrical socket. Cleaning the blades keeps them sharp and provides for a smoother shave. |                          |                          |
| <b>19. Teach and assist with applying aftershave or skin lotion if individual chooses.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Note:</u> Alcohol in aftershave acts as an antiseptic for tiny nicks and cuts. It also has a cooling and refreshing sensation.  |                          |                          |
| <b>20. If shaving the face, offer the individual a mirror to inspect a job well done!</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Why?</u> Taking pride in completing personal care skills increases self-esteem.   |                          |                          |
| <b>21. Teach and assist the individual with cleaning razor and storing all shaving items.</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>22. Teach and assist the individual to wash, rinse and dry their hands after shaving.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |



## SKILL SHEET #6 MOUTH CARE (TEETH AND GUMS)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Attention:** Daily brushing and flossing and regular dental check-ups are key to good mouth care.

1. Check inside of mouth for redness, gum swelling, loose teeth or unusual odor.
2. Report any changes in an individual's mouth to his or her dentist.
3. Brushing after meals and flossing once a day is recommended.
4. Encourage the individual to do as much as they can for themselves.

- Supplies:**
1. Personal toothbrush
  2. Sink and fresh water
  3. Personal towel
  4. Disposable gloves
  5. Personal toothpaste
  6. Personal floss
  7. Mouthwash

### PROCEDURE (Teeth Brushing and Flossing)

| STEPS   | Partner Check            | Instructor Check         |
|---|--------------------------|--------------------------|
| 1. Teach and assist the individual in washing their hands. The DSP should wash their hands as well. | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Note:</u> Use the method learned from Skill Sheet #1   |                          |                          |
| 2. If the DSP is assisting with teeth brushing, he or she should wear disposable gloves.            | <input type="checkbox"/> | <input type="checkbox"/> |

Note: Refer to Resource Guide for directions on putting on disposable gloves. Protective eye glasses are also recommended.

Why? To prevent spread of germs through contact with saliva and blood from the mouth.

## PROCEDURE (Teeth Brushing and Flossing)

| STEPS  | Partner Check            | Instructor Check         |
|--|--------------------------|--------------------------|
| <p>3. Teach and assist the individual with taking the cap off the toothpaste. After wetting the toothbrush in clean water, put toothpaste on the toothbrush.</p> <p><u>Note:</u> A fluoride toothpaste and a soft toothbrush is recommended. Check with the individual's dentist for special instructions as needed.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>4. Teach and assist the individual to hold the toothbrush at a 45 degree angle and gently brush the outer surfaces of the teeth. Use a circular or an up-and-down motion.</p> <p><u>Note:</u> A DSP may demonstrate or role model teeth brushing skills by brushing his or her own teeth.</p>                         | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>5. Teach and assist the individual to brush the inside surfaces of the teeth with the same motion.</p>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>6. Teach and assist the individual to spit out saliva and toothpaste foam as needed.</p> <p><u>Why?</u> Saliva and foam builds up during brushing. It is better to spit then to swallow the saliva and toothpaste.</p>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>7. Teach and assist the individual to turn the toothbrush, bristle side up, and using the tip of the toothbrush, clean the inner sides of the top and bottom teeth.</p> <p><u>Why?</u> Brushing all tooth surfaces removes the plaque (germs and bacteria) from the teeth.</p>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>8. Teach and assist the individual to brush the chewing surfaces of all teeth. Use a back-and-forth or scrubbing motion. Spit saliva as needed.</p>   | <input type="checkbox"/> | <input type="checkbox"/> |

## PROCEDURE (Teeth Brushing and Flossing)

| STEPS   | Partner Check            | Instructor Check         |
|---|--------------------------|--------------------------|
| <b>9. Teach and assist the individual to gently brush tongue and gums.</b> <p><u>Why?</u> Brushing the tongue helps control bacteria from building up that contributes to mouth odor. Brushing the gums decreases plaque buildup where the gums and teeth meet.</p>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>10. Teach and assist the individual in rinsing their mouth. Fresh water works well. Mouthwash or a solution of mouthwash (1 part mouthwash to 3 parts water) may also be used.</b> <p><u>Note:</u> Rinsing the mouth after brushing helps clean out bits of plaque that have become dislodged from the tooth surfaces. Rinsing also cleans out saliva and toothpaste that has been in the mouth during brushing.</p> <p><u>Why?</u> Rinsing with a mouthwash helps continue the fight against germs and bacteria buildup in the mouth. It can leave a pleasant taste and fight unpleasant mouth odor also.</p> | <input type="checkbox"/> | <input type="checkbox"/> |

## FLOSSING THE TEETH AND GUMS

|  |                          |                          |
|--|--------------------------|--------------------------|
| <b>11. Teach and assist the individual in washing their hands. The DSP should wash their hands as well.</b> <p><u>Note:</u> Use the method learned from Skill Sheet #1</p> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

**PROCEDURE**  
**(Teeth Brushing and Flossing)**

| STEPS | Partner Check | Instructor Check |
|-------|---------------|------------------|
|-------|---------------|------------------|

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 12. If the DSP is assisting with flossing, he or she should wear disposable gloves. | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

Note: Refer to Resource Guide for directions on putting on disposable gloves. Protective eye glasses are also recommended.

Why? To prevent spread of germs through contact with saliva and blood from the mouth.

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 13. Teach and assist the individual to wrap about 18" of floss around the middle fingers. Hold the floss against the middle fingers with the index fingers and thumbs. | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Note: There are special flossing aids that can be used if individuals do not have good hand or finger control. The DSP may want to demonstrate or role model flossing skills by flossing his or her own teeth.

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 14. Teach and assist the individual to gently slide the floss down between the teeth. Move the floss up-and-down and back-and-forth along the sides of all teeth. Be sure to slide the floss below the gum line as each tooth is flossed. | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

Note: If the individual has braces or bridges, a floss threader (from the local drugstore) can be used to get floss under the wires.

Why? Flossing helps to break up the plaque that forms between the teeth and along the gum line.

---

**PROCEDURE**  
**(Teeth Brushing and Flossing)**

| <b>STEPS</b>   | <b>Partner Check</b>     | <b>Instructor Check</b>  |
|--|--------------------------|--------------------------|
| <p><b>15. Teach and assist the individual in rinsing their mouth. Use fresh water. Mouthwash or a solution of mouthwash (1 part mouthwash to 3 parts water) may also be used.</b></p> <p><u>Note:</u> Rinsing the mouth after flossing helps clean out bits of plaque that have become dislodged from the teeth and gums. Rinsing also cleans out saliva and blood that has been in the mouth during flossing. Why? Rinsing with a mouthwash helps continue the fight against germs and bacteria buildup in the mouth. It can leave a pleasant taste and fight unpleasant mouth odor also.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p><b>16. Teach and assist the individual to throw out used floss and wash, rinse and dry their hands.</b></p>   | <input type="checkbox"/> | <input type="checkbox"/> |

## SKILL SHEET #7 ASSISTING AN INDIVIDUAL WITH BATHING AND PERINEAL CARE

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Attention: **When assisting with bathing or showering:**

1. Remember to check water temperature. It should be warm to the touch.
2. Wash, rinse and dry each body part to prevent chilling, exposure and chapping.
3. Inspect skin for signs of injury or changes in condition.
4. Use soap sparingly and do not leave in water.
5. Provide privacy and warmth for the individual.
6. Talk about things of interest to the individual.
7. Encourage the individual to do as much as they can for themselves.
8. Demonstrate and explain correct bathing or showering procedures
9. Be prepared with all supplies.
10. Be sure your hands are washed and clean before beginning.

- Supplies:**
1. Clean basin, bathtub or shower stall
  2. Robe or clean clothes
  3. Soap and soap dish or special skin cleanser
  4. Personal towel
  5. Personal washcloth
  6. Disposable gloves for perineal care

### PROCEDURE (Bathing and Perineal Care)

| STEPS   | Partner Check            | Instructor Check         |
|---|--------------------------|--------------------------|
| 1. Teach and assist the individual how to, or check the water temperature for warmth before beginning. (Place your wrist under the running water) | <input type="checkbox"/> | <input type="checkbox"/> |

Why? To prevent a chill or a burn.

## PROCEDURE (Bathing and Perineal Care)

| STEPS  | Partner Check            | Instructor Check         |
|--|--------------------------|--------------------------|
| <b>2. Teach and assist the individual to wash their hands and wrists.</b> <p><u>Note:</u> Use the method learned from Skill Sheet #1. The DSP will have washed their hands as well.</p>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3. Teach and assist the individual to wash and rinse each eye. Begin from the inner corner of one eye (near the nose) and moving to the outer corner of the eye. Repeat this step on the other eye, using a clean corner of the washcloth.</b> <p><u>Why?</u> Use different ends of the washcloth to prevent the spread of germs from one eye to the other.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4. Teach and assist the individual to wash, rinse their face, neck and ears. Use the soap to make suds. Use clean tap water to rinse. Be sure to wash and dry behind the ears.</b> <p><u>Note:</u> Ask the individual if they want soap used or if they prefer a special cleansing product.<br/><u>Why?</u> Some individuals have sensitive skin.</p>           | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5. Teach and assist the individual to wash and rinse one shoulder, underarm and arm.</b> <p><u>Why?</u> Beginning near the wrist, prevents dripping dirty water (germs) on already cleaned wrists and hands.</p>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>6. Repeat step 5 for the other shoulder, underarm and arm.</b>  | <input type="checkbox"/> | <input type="checkbox"/> |

**PROCEDURE**  
**(Bathing and Perineal Care)**

| <b>STEPS</b>   | <b>Partner Check</b>     | <b>Instructor Check</b>  |
|--|--------------------------|--------------------------|
| <b>7. Teach and assist the individual to wash and rinse the chest and stomach. Check under the breasts and any skinfolds as you go along.</b>                | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>8. Repeat step 7 for the back.</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Note:</u> Make sure the skin is completely dry. remember to teach and assist the individual to dry completely.  |                          |                          |
| <b>9. Teach and assist the individual to wash and rinse hip and one leg.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>10. Repeat step 9 for the other hip and leg.</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>11. Teach and assist the individual to wash and rinse one foot.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12. Repeat step 10 for the other foot.</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Why? Moisture in the skinfolds can result in cracking and the breakdown (infection) of skin. Moisture between the toes can result in cracking and infection. |                          |                          |

**Perineal Care for Females: Bathing of the genitals (sex organs) and anal (rectum) area of the body. These are sometimes referred to as “the private parts”.**

|  |                          |                          |
|--|--------------------------|--------------------------|
| <b>13. When teaching or assisting with perineal care, put on disposable gloves.</b>                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Note:</u> Refer to Resource Guide for directions on putting on disposable gloves.<br>Why? To prevent spread of germs. |                          |                          |



## PROCEDURE (Bathing and Perineal Care)

| STEPS | Partner Check | Instructor Check |
|-------|---------------|------------------|
|-------|---------------|------------------|

- 14. Teach the individual to separate the folds of skin in their “private parts”, called the labia and using suds and the washcloth, wash with one down stroke the sides of the labia. Using a different side of the washcloth, wash down the middle of the labia. Rinse from front to back.**

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Note: Always wash from the pubic area (front of the genitals) to the anal area to prevent contaminating the urethral opening (where the urine comes out) with germs or bacteria from the anal area.

- 15. Teach the individual to wash and rinse the anal area moving front to back. Use a different part of the washcloth for each wipe.**

☐
☐

**Perineal Care for Males: Bathing of the genitals (sex organs) and anal (rectum) area of the body. These are sometimes referred to as “the private parts”.**

- 16. When teaching or assisting with perineal care, put on disposable gloves.**

Note: Refer to Resource Guide for directions on putting on disposable gloves.  
Why? To prevent spread of germs.

- 17. Explain to the individual to hold their penis and wash, rinse and the tip. Always wash from the small opening (ureter) where the urine flows, outward or towards the end of the penis. Use a different part of the washcloth for each wipe.**

☐
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Why? To prevent spreading germs (contamination) of the urethral opening.

**PROCEDURE**  
**(Bathing and Perineal Care)**

| <b>STEPS</b>  | <b>Partner Check</b>     | <b>Instructor Check</b>  |
|---|--------------------------|--------------------------|
| <b>18. Teach the individual to wash, rinse and dry the shaft of the penis. Wash and rinse in the direction of the pubic area.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Note:</u> If the individual is not circumcised, be sure the foreskin is pulled back and wash, rinse and dry the penis. Return the foreskin to its natural position.                                      |                          |                          |
| <b>19. Teach the individual to spread his legs and wash, rinse and dry the scrotum. (The two sacks at the base of the penis) Clean between the skinfolds in this area and under the scrotum thoroughly.</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>20. Teach the individual to wash, rinse and dry the anal area moving front to back. Use a different part of the washcloth for each wipe. Dry area thoroughly.</b>  | <input type="checkbox"/> | <input type="checkbox"/> |

Note: Moisture between skinfolds may cause cracking of the skin and skin breakdown.

## Information Brief

# Protection from Abuse

### Introduction

There is a special concern for the abuse of children, dependent adults, and the elderly. As they are more vulnerable than others, such individuals face greater risk of abuse. Reporting suspected abuse will, hopefully, not occur often in your work as a DSP. However, it's important to know your responsibilities should you need to act.

**Dependent adult abuse** is defined as physical abuse, neglect, financial abuse, abandonment, isolation, abduction or other treatment with resulting physical harm of pain or mental suffering, or the deprivation by a care provider *of goods and services which* are necessary to avoid physical harm or mental suffering. **Child abuse** is defined as physical injury, which is inflicted by other than accidental means on a *child* by another person, sexual abuse, willful cruelty or unjustifiable punishment *of a child*, *unlawful* corporal punishment or injury and neglect.

### Protection Against Abuse

The DSP can help protect individuals from abuse through:

**Observation** - pay attention to individuals in your care. Many are nonverbal and can't tell you when something is wrong.

**Communication** - talk with individuals and other DSP daily.

**Conversation** - talk with day programs, work and others.

**Documentation** - write down what you see and hear.

**Review** - look at what you have written for patterns.

**Report** - if abuse is **known or suspected**.

### Reporting Requirements for Child Abuse

California law requires that any child care custodian, health care practitioner, or employee of a child protective agency who knows or reasonably suspects child abuse **must** report the abuse to a child protective agency immediately or as soon as practically possible by telephone and to send a written report within **36** hours of receiving the information concerning the incident.

### Reporting Requirements for Adult Abuse

A **dependent adult** is any California resident 18 to 64 years of age, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. Included is any person 18-64 years of age, regardless of physical or mental condition, who is admitted as an inpatient to a 24-hour health facility.

An **elder** is anyone residing in California, who is 65 years of age or older, whether or not impaired mentally or physically.

California law requires care custodians and health practitioners to report certain kinds of abuse. Care custodians are administrators of certain public or private facilities, including but not limited to, community care facilities, 24-hour health facilities, respite care facilities, foster homes, schools, sheltered workshops, regional centers and offices or clinics.

### Mandatory Reporting

DSPs are considered mandated reporters with a legal duty to report suspicion or knowledge of child, dependent adult, or elder abuse. Failure to report can result in a mandated reporter being held liable for both criminal and civil consequences. Conversely, the mandated reporter has complete immunity from legal actions even if the report turns out to be false.

All allegations of *abuse shall be reported* by telephone as soon as possible to either Child Protective Services, Adult Protective Services or the Ombudsman's office depending upon the age of the victim and the location of the alleged abuse. If the victim is a child the report will be made to *Child Protective Services with a written follow up report* to be submitted within 36 hours. If the victim is an adult *and* the abuse occurred in a long term care facility, the *alleged abuse is reported* to the Ombudsman's office. If the alleged abuse occurred at any other location, the report is made to Adult Protective Services. The telephone report concerning an adult shall be followed up with a written report within two working days.

### Ombudsman Office Department of Aging

Each county is required to have an office devoted to the Ombudsman. This office receives reports of abuse to dependent adults if the abuse occurs in any long-term facility (nursing homes, residential facilities, foster homes, any licensed or unlicensed *residential* facility providing care and supervision).

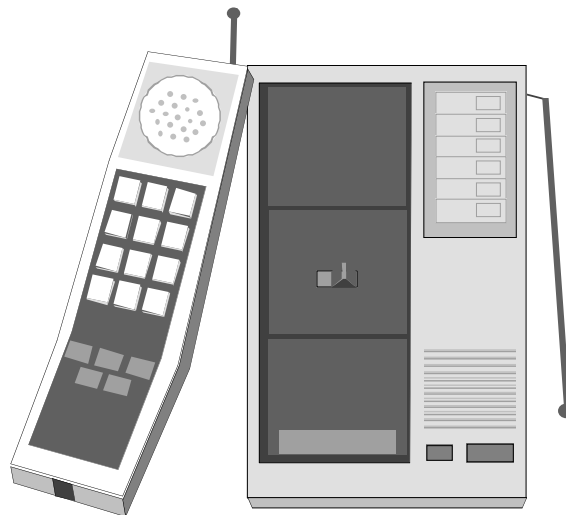
### Adult Protective Services California Department of Social Services

Each county is required to have an office devoted to Adult Protective Services. This office receives reports of abuse to dependent adults. Each report is assigned to a case worker for investigation, assessment, and referral to appropriate agencies. The law requires mandated reporters to make a verbal report immediately, followed by a written report within two working days. When the suspected victim resides in a domestic setting, the abuse should be reported to the county Adult Protective Services Agency. If the abuse occurs in any long-term care facility (nursing homes, residential facilities, foster homes, or any licensed or unlicensed facility providing care and supervision), it must be reported to the local ombudsman program.

## Child Protective Services Department of Social Services

Each county is mandated to have an office devoted to Child Protective Services. This office receives reports of abuse to children. Each report is assigned to a case worker for investigation, assessment and referral to appropriate agencies.

Child Protective Services is usually housed in the county Social Services department. To find the nearest office, look in the county government pages of the telephone directory under "Social Services; Children's Services and/or Child Protective Services." Many counties have 24-hour hotlines.



## Elder and Dependent Adult Abuse

(excerpted from Los Angeles Infoline)

**Quick Checklist.** When an elderly person or dependent adult is being abused, neglected or exploited, prioritize for safety:

1. Is the person being injured or otherwise endangered at that moment? If **YES**, call the police or paramedics.
2. Is the suspected abuse occurring in a residential facility or adult day health center? If **YES**, report to the local Long Term Care Ombudsman.
3. Is the abuse occurring outside of a residential facility? If **YES**, report to Adult Protective Services.

**Definitions.** Listed below are possible indicators of abuse (adapted from guidelines developed by Adult Protective Services):

*Physical Abuse:* Pushing, shoving, shaking, slapping, or beating, or unreasonable restraint.

**Indicators:** unexplained bruises, welts, or burns; friction marks; bleeding scalp; detached retina; unset broken bones or other untreated injuries; any repeated injuries. Frequent emergency room visits. Frequent changes of doctors. Conflicting or implausible explanations of injuries.

*Neglect:* Failure to provide basic needs such as food, shelter, or medical treatment, or abandonment.

**Indicators:** dehydration or malnourishment; untreated bed sores; medication withheld or improperly self-administered; poor personal hygiene; soiled clothing or bedding left unchanged; keeping appliances the person needs such as bedside commode or walker out of reach; lack of clothing or other necessities; inadequate heat or ventilation; safety hazards in home.

*Psychological Abuse:* Verbal threats or insults, or other intimidating behavior.

**Indicators:** caregiver accuses the abused person of being incontinent on purpose; threatens him with placement in a nursing home.

*Financial Exploitation:* Mismanagement of money; theft of property.

**Indicators:** missing property; unpaid bills or rent; lack of clothing or other basics; unexplained bank account or auto-teller withdrawals; unexpected changes in wills or titles to property; adult's money not being spent on clothes or other basics needs.

*Other Indicators of Abuse:* Abused adult is kept isolated from family or friends and not allowed to speak for himself. Caregiver resists assistance from social service agencies. Caregiver has a history of abusing others. Caregiver appears angry at elder or dependent adult. Abused person may appear fearful, withdrawn, depressed, or confused (and these conditions are not caused by mental dysfunction).

## Child Abuse

(excerpted from Los Angeles Infoline)

**Quick Checklist.** When a child is abused or neglected, prioritize for safety:

1. Is the child being injured or otherwise endangered at that moment? If **YES**, call the police.
2. Is abuse or neglect suspected? If **YES**, report to Child Protective Services.

**Definitions.** Child abuse (the abuse of a person under 18 years of age) may include physical, sexual, or emotional abuse; neglect; exploitation; or abandonment. Listed below are possible indicators adapted from Department of Children's Services guidelines:

*Physical abuse:* deliberate injury (usually overpunishment).

**Indicators:** unexplained and/or untreated fractures; multiple fractures; unexplained welts; bruises on parts of the body which aren't normally bruised in accidental bumps or falls; friction marks (rope burns); cigarette burns; immersion burns, caused by immersion in scalding water, (sock-like burns on feet, doughnut-shaped burns on buttocks, glove-like burns on hands). Pattern of injuries regularly appearing after weekends, vacations, or other absences. Injuries where the explanation doesn't match the injury.

*Sexual Abuse:* oral, anal, or vaginal intercourse; fondling; exhibitionism.

**Indicators:** difficulty in walking or sitting down; pain or itching in genital area; vaginal or anal bleeding; bruised genitalia; bloody underclothing; sexually transmitted disease or pregnancy in children who are probably too young to have dating relationships.

*Neglect:* inadequate food, shelter, clothing, supervision, or medical or dental care; abandonment.

**Indicators:** constant hunger; poor hygiene; inadequate clothing; lack of supervision, especially for long periods or when child is engaged in dangerous activities; medical needs left untreated; medical diagnosis of malnourishment or non-organic failure to thrive.

*Emotional Abuse:* cruelty; unjustifiable punishment.

**Indicators:** child reports punishment which is excessive, bizarre or humiliating; medical diagnosis of non-organic failure to thrive; child's inappropriate behavior (infantile or antisocial); child's suicide attempts.

## Information Brief

# Incident Reporting

### Title 22

Each licensee shall furnish to the licensing agency reports including, but not limited to:

1. Death of any client from any cause.
2. Any injury to any client which requires medical treatment.
3. Any unusual incident or absence which threatens the physical or emotional health or safety of any client.
4. Any suspected physical or psychological abuse of any clients.
5. Epidemic outbreaks.
6. Poisonings.
7. Catastrophes.
8. Fires or explosions which occur in or on the premises.

**A REPORT BY TELEPHONE SHALL BE MADE TO THE LICENSING AGENCY WITHIN THE AGENCY'S NEXT WORKING DAY DURING ITS NORMAL BUSINESS HOURS. A WRITTEN REPORT SHALL BE SUBMITTED TO THE LICENSING AGENCY WITHIN SEVEN DAYS FOLLOWING THE OCCURRENCE OF EVENT.**

A sample reporting form is on the following two pages.

### Title 17

Special Incident Reporting is the documentation prepared by DSPs detailing special incidents and provided to the regional center. Special incidents are those incidents which:

1. Have resulted in serious bodily injury, serious physical harm, or death.
2. Have resulted in the use of emergency intervention procedures.
3. May result in criminal charges or legal action.
4. Result in the denial of a client's rights.
5. Or, are any of the following: epidemic outbreaks, poisonings, catastrophes, fires or explosions.

**ALL PROVIDERS SHALL NOTIFY, BY TELEPHONE, THE REGIONAL CENTER OF ANY SPECIAL INCIDENTS, AS SOON AS POSSIBLE, AND IN NO CASE LATER THEN THE END OF THE VENDOR'S BUSINESS DAY. A WRITTEN REPORT SHALL BE SUBMITTED TO THE REGIONAL CENTER WITHIN 24 HOURS OF THE INCIDENT.**

Some Regional Centers have a form for your use, others allow use of the Licensing Form. **IF IN DOUBT - FILL IT OUT.**



STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

(REPLICATION OF ORIGINAL)

UNUSUAL INCIDENT/INJURY/  
DEATH REPORT

DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING

CHECK ONE OR MORE BOXES:

☐ Incident ☐ Injury ☐ Death

Date of Occurrence:

**INSTRUCTIONS:** NOTIFY THE LICENSING AGENCY AND, APPLICABLE, PERSON(S) AND/OR PLACEMENT AGENCY(IES) RESPONSIBLE FOR CLIENT(S) WITHIN THE AGENCY'S NEXT WORKING DAY OF ANY UNUSUAL EVENT, INCIDENT, INJURY REQUIRING MEDICAL TREATMENT AS DETERMINED BY PHYSICIAN OR DEATH. COMPLETE SECTIONS I, II, AND/OR III AS APPROPRIATE. ATTACH SHEET IF ADDITIONAL SPACE IS NEEDED. SEND ORIGINAL TO THE LICENSING AGENCY WITHIN 7 DAYS OF THE EVENT. RETAIN A COPY IN CLIENT(S) FILE. RESIDENTIAL FACILITIES FOR THE ELDERLY SHALL COMPLY WITH SECTION 87508 REGARDING THIS REQUIREMENT.

|                  |                      |                         |
|------------------|----------------------|-------------------------|
| Name of Facility | Facility File Number | Telephone Number<br>( ) |
|------------------|----------------------|-------------------------|

Address

| Client(s) Involved | Age | Sex | Date of Admission |
|--------------------|-----|-----|-------------------|
| 1. _____           |     |     |                   |
| 2. _____           |     |     |                   |
| 3. _____           |     |     |                   |
| 4. _____           |     |     |                   |
| 5. _____           |     |     |                   |

**I. UNUSUAL EVENT OR INCIDENT - UNUSUAL INCIDENTS INCLUDE CLIENT ABUSE, UNEXPLAINED ABSENCES, OR ANYTHING THAT AFFECTS THE PHYSICAL OR EMOTIONAL HEALTH AND SAFETY OF ANY CLIENT AND EPIDEMIC OUTBREAKS, POISONINGS, CATASTROPHES, FACILITY FIRES OR EXPLOSIONS.**

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION AND NATURE OF INCIDENT)

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EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN - INCLUDE PERSONS CONTACTED AND IF INJURY OCCURRED COMPLETE SECTION II

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DESCRIBE WHAT FOLLOW-UP ACTION IS PLANNED - INCLUDE STEPS TO BE TAKE TO PREVENT OCCURRENCE

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**II. INJURY REQUIRING MEDICAL TREATMENT**

DESCRIBE HOW AND WHERE INJURY OCCURRED

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## Resource Guide

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WHAT APPEARS TO BE THE EXTENT OF THE INJURIES? `

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PERSONS WHO OBSERVED THE INJURY

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ATTENDING PHYSICIAN'S NAME, FINDINGS AND TREATMENT

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### III. DEATH REPORT

DATE AND TIME OF DEATH

PLACE OF DEATH

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DESCRIBE IMMEDIATE CAUSE OF DEATH (IF CORONER REPORT MADE, SEND A COPY WITHIN 30 DAYS)

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DESCRIBE CONDITIONS CONTRIBUTING TO DEATH

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WHAT ACTION DID YOU TAKE?

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NAME OF ATTENDING PHYSICIAN

---

NAME OF MORTICIAN

---

SIGNATURE OF PERSON REPORTING

DATE

---

SIGNATURE OF LICENSEE ADMINISTRATOR

DATE

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